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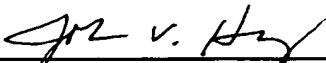
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/761,264
		Filing Date	01/16/2001
		First Named Inventor	Mihcael E. Tompkins
		Group Art Unit	2153
		Examiner Name	TBD
Total Number of Pages in This Submission	9	Attorney Docket Number	BALIN-56314

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	RECEIVED
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	APR 10 2002
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	Technology Center 2100
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		24201

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John V. Hanley, FULWIDER PATTON LEE & UTECHT, LLP
Signature	
Date	03/26/2002

CERTIFICATE OF MAILING

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Typed or printed name	John V. Hanley		
Signature		Date	03/26/2002

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APR 04 2002
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TOTAL AMOUNT OF PAYMENT	(\$)	130.00
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Complete if Known	
Application Number	09/761,264
Filing Date	01/16/2001
First Named Inventor	Michael E. Tompkins
Examiner Name	TBD
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METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 06-2425</p> <p>Deposit Account Name Fulwider Patton et al.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th align="center">Large Entity</th> <th align="center">Small Entity</th> <th align="center">Fee Description</th> <th align="center">Fee Paid</th> </tr> <tr> <th align="center">Fee Code (\$)</th> <th align="center">Fee Code (\$)</th> <th align="center">Fee Code (\$)</th> <th align="center">Fee Description</th> </tr> </thead> <tbody> <tr><td align="center">105</td><td align="center">130</td><td align="center">205</td><td align="center">65</td></tr> <tr><td align="center">127</td><td align="center">50</td><td align="center">227</td><td align="center">25</td></tr> <tr><td align="center">139</td><td align="center">130</td><td align="center">139</td><td align="center">130</td></tr> <tr><td align="center">147</td><td align="center">2,520</td><td align="center">147</td><td align="center">2,520</td></tr> <tr><td align="center">112</td><td align="center">920*</td><td align="center">112</td><td align="center">920*</td></tr> <tr><td align="center">113</td><td align="center">1,840*</td><td align="center">113</td><td align="center">1,840*</td></tr> <tr><td align="center">115</td><td align="center">110</td><td align="center">215</td><td align="center">55</td></tr> <tr><td align="center">116</td><td align="center">400</td><td align="center">216</td><td align="center">200</td></tr> <tr><td align="center">117</td><td align="center">920</td><td align="center">217</td><td align="center">460</td></tr> <tr><td align="center">118</td><td align="center">1,440</td><td align="center">218</td><td align="center">720</td></tr> <tr><td align="center">128</td><td align="center">1,960</td><td align="center">228</td><td align="center">980</td></tr> <tr><td align="center">119</td><td align="center">320</td><td align="center">219</td><td align="center">160</td></tr> <tr><td align="center">120</td><td align="center">320</td><td align="center">220</td><td align="center">160</td></tr> <tr><td align="center">121</td><td align="center">280</td><td align="center">221</td><td align="center">140</td></tr> <tr><td align="center">138</td><td align="center">1,510</td><td align="center">138</td><td align="center">1,510</td></tr> <tr><td align="center">140</td><td align="center">110</td><td align="center">240</td><td align="center">55</td></tr> <tr><td align="center">141</td><td align="center">1,280</td><td align="center">241</td><td align="center">640</td></tr> <tr><td align="center">142</td><td align="center">1,280</td><td align="center">242</td><td align="center">640</td></tr> <tr><td align="center">143</td><td align="center">460</td><td align="center">243</td><td align="center">230</td></tr> <tr><td align="center">144</td><td align="center">620</td><td align="center">244</td><td align="center">310</td></tr> <tr><td align="center">122</td><td align="center">130</td><td align="center">122</td><td align="center">130</td></tr> <tr><td align="center">123</td><td align="center">50</td><td align="center">123</td><td align="center">50</td></tr> <tr><td align="center">126</td><td align="center">180</td><td align="center">126</td><td align="center">180</td></tr> <tr><td align="center">581</td><td align="center">40</td><td align="center">581</td><td align="center">40</td></tr> <tr><td align="center">146</td><td align="center">740</td><td align="center">246</td><td align="center">370</td></tr> <tr><td align="center">149</td><td align="center">740</td><td align="center">249</td><td align="center">370</td></tr> <tr><td align="center">179</td><td align="center">740</td><td align="center">279</td><td align="center">370</td></tr> <tr><td align="center">169</td><td align="center">900</td><td align="center">169</td><td align="center">900</td></tr> <tr><td align="center">Other fee (specify) _____</td><td align="center"></td><td align="center"></td><td align="center"></td></tr> <tr> <td align="center" colspan="2">*Reduced by Basic Filing Fee Paid</td><td align="center">SUBTOTAL (3)</td><td align="center">(\$)</td> <td align="center">130.00</td> </tr> </tbody></table>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	920	217	460	118	1,440	218	720	128	1,960	228	980	119	320	219	160	120	320	220	160	121	280	221	140	138	1,510	138	1,510	140	110	240	55	141	1,280	241	640	142	1,280	242	640	143	460	243	230	144	620	244	310	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	740	246	370	149	740	249	370	179	740	279	370	169	900	169	900	Other fee (specify) _____				*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$)	130.00
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<p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th align="center">Total Claims</th> <th align="center">Independent Claims</th> <th align="center">Multiple Dependent</th> <th align="center">Extra Claims</th> <th align="center">Fee from below</th> <th align="center">Fee Paid</th> </tr> <tr> <td align="center"></td> <td align="center"></td> <td align="center"></td> <td align="center"></td> <td align="center"></td> <td align="center"></td> </tr> </thead> <tbody> <tr><td align="center"></td><td align="center"></td><td align="center"></td><td align="center">-20** =</td><td align="center">X</td><td align="center">=</td></tr> <tr><td align="center"></td><td align="center"></td><td align="center"></td><td align="center">-3*** =</td><td align="center">X</td><td align="center">=</td></tr> <tr><td align="center"></td><td align="center"></td><td align="center"></td><td align="center"></td><td align="center"></td><td align="center"></td></tr> </tbody> </table>				Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid										-20** =	X	=				-3*** =	X	=							<p align="right">SUBTOTAL (2) (\$)</p>																																																																																																						
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	John V. Hanley	Registration No. (Attorney/Agent)	38,171	Telephone	310-824-5555
Signature	<i>J. V. Hanley</i>			Date	03/26/2002

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